"Adolescent Childbearing and Prevention Strategies: A Battleground for Testing the Limits of Government Intervention"

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Abstract

Scholars in the social sciences and the law are currently absorbed in multi-faceted debates on the relationship of the state and the family, concentrating attention on the conflict inherent in the state's role in protecting its citizens and the family's perogative in maintaining its privacy and autonomy. The contending interests exposed in the debate are thrust into the limelight when the concept of "prevention," with all of its ambiguities, becomes the centerpiece. The issues become even more complex when minor mothers are the target of prevention plans. This paper examines a state law that mandates a social service plan for all minor mothers in the name of prevention. Constitutional issues of due process, equal protection, and privacy are raised. Practice issues related to "involuntary clients" are explored. Conclusions are drawn on the limits of effective state intervention in a troublesome phenomenon: children rearing children.

The Legislation

Adolescent pregnancy and parenting moved to the top of political agendas at every level of government in the decade of the 80's. Major studies, reports, and policy analyses[1] heightened attention on the troublesome issues of teenage childbearing. Alarming data was reported: never-married parents

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and their children were the fastest growing family formation in the U.S.A. The population of teen out-of-wedlock births quadrupled from 1960 to 1986. While out-of-wedlock rates were increasing for all age levels of child bearing women, the phenomenon of "precocious parenting," the teenage parent, was particularly startling in both size and consequences.

Considerable research[2] had demonstrated that "premature" parenthood tended to produce poor outcomes in health, education, economics, and personal life choices for the young mother, with related effects occurring for her child. In the complicated chain of associations between early childbearing and long-term reliance on public assistance, an unarguable reality was revealed in recent census data: poverty rates were strikingly high for young, single parent families with out-of-wedlock children. Sixty-five percent of white families where the mother was 15-24 years of age, and over 80% of black female head families where the mother was in the age group of 15-24 were living in poverty.[3] The long-term welfare recipiency of unmarried mothers intensified concerns. The fact that 62% of all AFDC mothers under the age of 30 started their persistent welfare history as teen mothers gained widespread publicity.[4]

State legislative attention was riveted on the observation that the phenomenon of teenage mothers (only occasionally were fathers mentioned) triggered a cascade of events that carry drastic social and economic costs.

Testimony exposed the complex nature of the teen parent problem. Poverty, a lack of opportunity structure, poor school performance, dwindling economic opportunities for young men, especially young black males, lack of contraceptive knowledge, and random events were all identified as root causes. Some voices even questioned the size and seriousness of the problem. A common agenda out of the varied possibilities did not emerge.

The call for prevention, however, proved irresistible. In Minnesota, as in other states, the call to stem "the epidemic" of adolescent pregnancy and parenting was widely supported.

The legislation enacted in 1987, commonly known as "The Provision of Social Services to Minor Parents and Their Children"[5] was intended as a broad plan of prevention. Replacing a statute which directed county social services "to offer" social services, the amended legislation mandated a set of conditions to be met under a social service plan, in effect, placing all minor mothers, married and non-married, under protective supervision.

These features of the plan are worth noting:

- Every birth to a minor mother under 18 years of age shall be reported within 72 hours by the hospital where the birth occurs to the county social service agency.
- Each of the minor mothers "who does not have a case manager" must work with county social services to create and maintain a plan that meets ten specific items, statutorily imposed. These include completion of high school, plans for "self-sufficiency," and assessments of parenting skills and living arrangements.
- Protective payment for minor mothers on AFDC will be invoked for failure to participate or comply with features of the plan. (The minor mother loses control of the grant which is assigned to the social worker for disbursement.) The statute is silent on compliance features for the non-AFADC mothers.

Parts of the plan are specific: school attendance is mandated for every minor mother whose infants are six weeks of age or more, and will be monitored by county social services. On the other hand, criteria for "opening a case" and "closing a case" is vague.

This legislation is clearly constructed under the concept of "prevention," as the purposes are defined: to assist minor mothers by ensuring and receiving community support and resources; to reduce costs; to alleviate health problems; to reduce the incidence of child abuse; to provide environmental resources; to reduce stress. Nevertheless, the grounds for raising constitutional and practice issues are apparent: the legislation opens up an arena of contending interests. Can these interests be reconciled: the rights of the minor parents to privacy, to be left alone when there are no prior findings of harm? the interests of the state in both its role as parens patriae and in preventing significant costs to the public treasury? and the often-silent interests of the infant for safety, growth, and development?

To examine the implications of this "preventive" statute, three aspects will be explored: the framework of prevention, the legal perspective, and the practice issues.

Concepts in Prevention

Deep seated convictions are associated with adolescent parenting. Some observers detect more than a whiff of hostility in protective legislation presented under the guise of prevention. Close scrutiny bordering on surveillance could be interpreted as harassment with the hope that it would have a deterrent effect. Adolescent parents are perceived by some as flaunting all the sexual mores of community standards: indulging in sexual behavior reserved for marriage. Furthermore, adolescent parents are examples of notable failures: a failure to have an abortion; a failure to give the child up for adoption; a failure to marry before the child's birth; a failure to avoid welfare recipiency. The public amnesia on the father's role reinforces the community perception that the problem is "owned" by the

adolescent female, and therefore it is permissible to focus preventive efforts on her behavior, alone.

Prevention as a guiding theme for solving problems of premature parenting has a distinctive history. In 1981, the Adolescent Family Life Act was intended to embrace all three levels of prevention; primary, (to keep pregnancy from occurring in an "at risk" population), secondary (early diagnosis to minimize the problem), and tertiary (to keep the problem from getting worse). In a primary sense, the bill sought to educate adolescents to say "no" to sexual activity. The legislation was quickly dubbed "the chastity" bill. Should pregnancy occur, the Act encouraged activities to carry healthy pregnancies to term and avoid abortion. In the tertiary phase, when a child was born, the bill encouraged adoption. The prevention focus was reinforced with a requirement of parental notification and consent as a precondition of contraceptive services.

Throughout the decade, concepts of prevention[6] pervaded policy and program discussions of teen parenthood.

The political emphasis on prevention arose from two distinct but interrelated themes; efforts to ameliorate problems of teen parenting once they occurred were costly and often ineffective, and the costs of treatment and maintenance were outstripping available funds. The estimated federal outlays in 1985 for teen mothers on AFDC was $16.6 billion, when AFDC, Medicaid, and food stamps were counted[7]. Intervention efforts were also estimated to be not only costly, but of dubious effect. Despite a variety of community based programs, teen mothers were still more likely to have subsequent children spaced closer together than mothers in their later child-bearing years. Small sample studies revealed that problem behaviors of substance abuse, delinquency, and school failure were associated with

adolescent parents, but treatment efforts here were uncertain. With conflicting data appearing, a shaky concensus was emerging: our basic knowledge on the lethal mix of poverty and personal characteristics was too meager to plan "treatment" for this high risk group.

A number of agencies of the federal government associated with human services began to allocate significant portions of their budgets to "prevention."

The theoretical model of prevention was especially attractive to both social scientists and politicians. The prevention model embraces an ecological ideal in which planned efforts are aimed at altering the course of negative occurrences and to evoke desirable outcomes. The model draws heavily on social systems theory which provides a conceptual framework for integrating knowledge about individuals, families, and their environments. In prevention, this knowledge is used to enhance positive aspects of growth and to reinforce this with institutional supports to promote optimal socialization.[8]

Using this model to address the problems of those teenagers who decide to carry their pregnancies to term, (it is estimated that almost 45% of pregnant adolescents have abortions) and keep their babies (96%* of those carrying to full term), attention would be focused on the larger social and political forces that affect the problem conditions in which adolescents and their children are reared. Moreover, by promoting new coping capacities, anticipated life crises could be averted.

The appeal was especially strong given the observation that young, unmarried mothers generally dropped out of school, and appeared to be "lost" to the social service system until they emerged in child protection caseloads.

It is not difficult to understand, given the high social and economic cost and the uncertainties of outreach, to accept mandatory services as a "reasonable" policy response.

Are there warning notes from a legal perspective that send a signal: proceed with caution?

The Legal Perspective

In a broad sense, this legislation raises constitutional questions of privacy, equal protection, and due process.

To what extent should we feel free to invade the privacy of the minor parent's family in the name of preventing costly problems for the state? Are minor mothers afforded the same protection as adult mothers? How much control should a minor mother retain in life-shaping decisions, not only for her own destiny, but in matters relating to the growth and development of her infant?

Intervention into family affairs usually strikes a raw political nerve in the U.S.A. There is an unspoken, but deeply held value, that the intangible sentiments that hold families together in their mutual concerns for each other and their families should not be broken by the intrusion of public policy actions.

However, when immaturity collides with parenthood, the privacy sentiments afforded to "mature" families are clearly shaken up.

There is an assumption that before reaching adulthood, individuals typically lack the capacity to undertake responsibilities that accompany the formation of a family. State statutes reflect this by limiting marriage to "adults." Preventing marriages of very young individuals is declared to be in the state's interests. By contrast, minors are entitled to substantial autonomy, although less than adults, in deciding not to bear a child.[9] Teenage females have protection in both accessing contraception and abortion, although less than adults. However, the continuing rancorous debates on limiting the adolescent's autonomy in these matters reveals the nation's ambivalence for granting reproductive rights to minors. The minor status of

young parents strikes at the heart of perplexing issues which the court will be continually asked to define. When is old, old enough? Old enough to become parents, but not old enough for abortion or marriage? Old enough to secure treatment for veneral disease without any parental notification or consent (a right which has remained unchallenged)?

Can age, alone, create a "suspect" classification as seen in Minnesota Statute 257.33? This forthright question lands us squarely into the murky domain of the law which is struggling to reconcile drastic social change with constitutionally guaranteed protections. Consider the fact that we have age-conditioned laws not only in marriage but in voting rights, drinking, and vehicle licenses. But extending the right to privacy for minors in rearing their children is still unlitigated. The Supreme Court, in a series of decisions, has declared the right to raise one's children as "essential" and a "basic civil right." In sum, the integrity of the family unit has found protection in the Due Process Clause of the Fourteenth Amendment[10]. The right to family privacy goes back in decisions for a century culminating in Roe v. Wade.

Hesitantly, the law has established a broad principle for minors in family matters: the mere fact that a citizen is a minor does not deprive that minor of constitutional rights.[11] In Belotti v. Baird,[12] "a mature minor" doctrine was forged which attempted to reconcile privacy rights of minors with parental perogatives. Belotti v. Baird struck down a Massachusetts law requiring parental consent for a minor to obtain an abortion. Instead, a demonstration of "maturity" was inserted as a test to be passed in a judicial proceeding obviating the necessity to inform her parents. The recognition here is that among minors, there are "mature" persons capable of making complex life decisions. In sum, minors' rights to privacy are only conditionally guaranteed in recent court rulings.

Whether or not minors may assume responsibility for their children without supervision, claiming the same rights of autonomy and privacy of adult families is yet to be tested. The complexity of the issue is crystallized when we shift attention to the infant's best interest. A string of legal decisions[13] ensure the state's duty to protect children. In balancing interests, the protection of children assumes paramount importance. As such, the state may, indeed, infringe on some of the rights of the minor mothers. However, the state cannot run roughshod over the interests of the young parent. Precedent establishes a principle of using the least restrictive means of intrusion when it comes to infringing on fundamental rights. The "case management" plan and its implementation as conceived in Minnesota Statutes, 1987, Section 257.33 may not pass this test.

In sum, can paternalistic supervision of a young family formation be imposed on an entire class of minor mothers with no proven history of abuse and neglect? The courts have consistently held that the state can create classifications that are "reasonably" related to the purpose of the law[14], and age has been used in creating a suspect class (age restrictions on marriage have been consistently upheld). The state's right to create a "suspect" classification in the case of minor mothers may be upheld, if precedent is a guide.

We then come to the substantial issues of whether or not the language of the statute in its procedures and enforcement violates due process and equal protection guarantees of minor parents.

Does imposing a therapeutic and rehabilitative requirement (the ten point plan) as a conditions of receiving an unsupervised public assistance grant violate equal protection? The penalty for non-compliance will not affect non-AFDC minor mothers. "The conditioning" of public assistance has a long history.[15]

Despite federal regulations issued in 1972 mandating separation of financial aid and services to reduce "conditioning," the imposition of behavioral conditions as a condition of economic assistance persists in practice as we see in recent work requirements for AFDC and in the legislation under review here. Creating an exception for compliance with a social class distinction (non-AFDC minor mothers) would appear to be the basis of a strong challenge.

An additional equal protection issue can be powerfully raised in a gender discrimination context. The imposition of a ten-point plan "for herself and her child" is directed toward the minor mother. The involvement of the father is confined to steps being taken to establish paternity. The legislation is silent on his completion of high school and his plans for economic self-sufficiency. Surveillance and scrutiny which is implied in this legislation is strikingly absent where the minor father is concerned.

Due process considerations arise in the procedures which the state must make available before an infringement on a fundamental right can be imposed. The principle of an appeals process has been well established under the Due Process Clause of the Fourteenth Amendment.[16] If the right of parents to rear children is a substantive constitutional right, the state cannot infringe on this right without due process, an opportunity to be heard. The statute under revision has no appeals process. Yet, the consequences of the "assessment" may be extremely serious: (1) the case may be referred to child protection, with a threat of terminating parental rights; (2) the minor mother may lose control over the public assistance grant for non-compliance; conflicts over the appropriateness of an educational plan or a minor mother's belief that erroneous observations have been made on her parenting skills are illustrative of situations which may challenge the validity of the imposed assessment, with

it punitive consequences. The state can argue that a general appeals process is available to all individuals affected by legislative rules.[17] However, the absence of a specific appeals process in which the rights of the minor mother and her infant are safeguarded is a startling omission. Representation for the mother and a guardian ad litem for the infant in a hearing process may be crucial, and this right should be identified in the language of the legislation.

The complex legal issues enmeshed in balancing the interests of the state and the family formed by the minor parents is an unfolding judicial drama. Adult challenges have a long line of decisions raised on issues of intimate relationships, marriage, divorce, reproductive rights, contraception, child rearing, and education. For the minor parent, many of the issues are yet to be litigated.

Practice Issues

No doubt, the courts will soon be wrestling with the troublesome issues of "premature prying" inherent in primary prevention and determing where the lines should be drawn.

In the meantime, it is in the practice environment where the realities of balancing rights of the state, the minor mother, and her child will be confronted.

We have now entered the domain of the "involuntary client." The services are mandated and not requested. Reconciling the collision of the "self-determination" of the minor parent with the "best interests" of the infant, and the protective role of the state is the awesome task assigned to the social service worker in a county human services system.

Among the practice issues to be confronted:

- The social service workers operate in an overburdened, crisis-ridden child welfare system. Are they sufficiently trained and afforded

enough time for the specific tasks of Minnesota Statute, 1987, Section 257.33?

- Only a small portion of assessment techniques and skills are routine, as "risk assessment" instruments have shown. Extensive reliance on judgments arising from "practice wisdom" is the pratice reality. Are the skills, abilities, and background experiences of social service workers sophisticated enough for determination of parenting skills? Measuring maturity? Assessing problem-solving abilities?
- Paternity issues are exceedingly complex and counselling resources in the metropolitan areas are meager. Will this portion of the plan be reduced in importance?
- Minnesota Statute, 1987 Section 257.33, relying heavily on the discretionary judgments of front-line workers raises the spectre of unsubstantiated assessments. The nature of the home visit, the circumstances for observing parental competencies, and the evaluation of the education plan are likely to lead to wide variations on how the plan is developed and assessment of risk interpreted. The supervision of these crucial items depends on the uneven resources of the 87 local county human service agencies.
- According to the statute, the social service worker "shall work with [the minor mother] to develop a plan and shall provide case management services ... to meet the plan requirements." Persuasion, according to the model of task-centered work with involuntary clients, is important in moving from a coercive relationship to one of cooperation.[18] Training is required to reduce the intimidation and helplessness of a minor mother in a mandated services environment. Will such training be provided and then used effectively?

- Procedural issues abound: are there limitations on the number of home visits required to develop a plan? Is attendance in parenting classes an indicator of parenting competency? How long should supervision go on? What constitutes a case opening? A case closing?
- Inasmuch as the legislation only goes to minor mothers when 18, should cases be routinely closed and re-opened?
- Will the case management model be one of advocacy for the minor mother, "purchasing agent" for various resources, therapist?
- Will the plan be an authorization from the county to access tangible aid in housing, child care, food stamps, utilities, transportation, health care as a priority? Limitations?
- The tracking mode for progress reviews is unstated.
- The overburdened and understaffed county social services must coordinate the information and services of hospitals (which are mandated to report the minor mother's birth of a child within 72 hours to the county), private agencies, the court, school systems, and the programs with housing, food and health and transportation and child care resources. An eight-page "assessment form" has been developed in one county. No one is assigned to identify resources in the community or develop resources where none exists.
- How long should case records be kept? If information is computerized, are there instructions to obliterate, in order to ensure "the benign capacity to forget," an essential component of data privacy concerns.
- Of particular significance in stabilizing these very young family formations is the factor of family size. Significantly, the subject of contraception or its euphemism, "family planning," is strikingly absent from the ten-point plan.

- The role of the grandparents is unclear. If young mothers and their children are living in a dependent relationship to the grandparents, are the grandparents, now, the responsible party, becoming involuntary clients of the social service system?

Vexing Dilemmas

The phenomenon of teenage pregnancy is complex and not susceptible to pat answers. There is a great difference, for example, in what works for a pregnant 17-year-old surrounded by a supportive family, and a 13-year-old in an unloving and perhaps brutal home environment.

Further, the relationship between the psycho-social development of young mothers and child maltreatment is not entirely clear. It is generally understood that chronological age is not so much the determinant factor as is the immaturity in psycho-social development. However, teenagers who are on the very young scale (under 15), typically, have neglectful patterns in their child rearing: behaving according to their own moods and interests and responding to the babies' signals with indifference, inappropriately, and with unrealistic expectations. When the baby reaches 6-12 months, the mothering task becomes even more complex, frequently leading to neglect or maltreatment.[19]

Effectiveness of intervention strategies are still in dispute, because the scattered reports studying intervention methods are typically small, and lacking control experimental designs. "Family support" projects for teenage mothers and their offspring have mushroomed in the past decade. But these depend to a large extent on ameliorating the social, economic, and cultural conditions that are the sequelae of teen pregnancy and parenting. These macro-resources are in dwindling supply with housing and income assistance in a downward spiral. Further, extended family resources that used to cushion

the young mother and her child are vanishing. Mobility, the housing crisis, the widespread dysfuntion of family networks enmeshed in drug and alcohol dependency, and the economic deterioration of poor families have contributed to the surge of independent households for these very young families. A lack of political attention to the infra-structures of family systems is vexing.

While there is considerable variation in the long-term effects of teenage childbearing, controlling for family size has particular significance in preventing costly consequences. The awkward reality of offering the minor mother a choice in terminating an unwanted pregnancy and contraceptive information is avoided in this prevention legislation. Yet, such services would surely qualify for all three levels of the prevention model: primary, to keep something from happening to an "at risk" population; secondary, early diagnosis and treatment to minimize the duration of the problem; tertiary, to keep the problem from getting worse -- rehabilitative.

To work with the minor mothers in a "self-determination," voluntary mode may be an illusion. What most adolescent parents typically want are increased grants, better housing, adequate child care, fewer bureaucratic requirements, all of which are unavailable or not possible. What may be available to them is counselling. An assumption of availability of "hard" services will not stand the test of reality for many parts of the state.

The veto power that is usually held by those controlling the purse strings (in this case, front line workers who will be advising financial aide workers, or in some counties, the reverse) may undermine the independence of those "mature" minors who can develop educational, job training, and parenting skills plans. The effects of the subtle or direct coercion in mandated plans are yet to be explored.

Finally, for social service planning, there are, in effect, two clients: the minor mother and her child. The father is somewhat invisible. The fate

of the infant is of paramount importance, and this may infringe on the mother's rights of privacy and autonomy. Perhaps the most vexing dilemmas of them all is the difficult task of reconciling the basic needs of two clients, mother and child, when their developmental stages are in conflict.

Research Issues

A glance at the accumulating literature on teenage childbearing yields a substantial number of studies labeled "inconclusive." We have entered the research domain of "confounding variables." To contribute to the sketchy and limited knowledge of teenage childbearing, the following research questions are suggested:

- Compliance variations based on AFDC and non-AFDC recipiency, location (rural, small town, suburban, and urban), political environments of county social services, as well as demographic characteristics of minor mothers should be the focus of a study.
- The hypothesis of higher rates of absue and neglect among minor parents is untested. Comparative maternal age rate studies of abuse and neglect have not yet appeared. The dat base from this legislation should provide tracking information for these issues.
- Reviews of research generally conclude that a lack of controlled studies, small sample sizes, and the absence of specific descriptions of interventions make it impossible to support claims of the effectiveness of case management for this population. A carefully disgned controlled study on the opportunities for enhancing supportive services and the barriers to services should be initiated.
- An evaluation study should be initiated with special attention to data collection on the number of minor mothers who are fulfilling the objectives of the plan without case management assistance and who

regard the intrusion of home visits as a violation of privacy; on the numbers referred to child protection; on the numbers who are in non-compliance with protective AFDC payment; procedural data on criteria for case openings and case closings; and a rigorous study of front-line worker experiences.

Among the issues raised by the legal aspects of this legislation, a careful research study should provide some answers to these troublesome questions:

1. Following the Bellotti decision, should the minor be given the opportunity to show that she is "mature and well informed" and able to make complex life decisions without supervision?
2. Should the state first require some tangible demonstration of immaturity and lack of parenting ability associated with actual or potential harm to a child? Can this demonstration of lack of parental skills be deduced by age alone?
3. A plan of "counseling, therapy, day care, nutrition advice and temporary foster care" has been asserted as a "least restrictive alternative," when offered to a mother on a voluntary basis with no prior court finding[20]. Is the ten-point plan imposed on minor mothers with no prior finding of harm considered "a least restrictive alternative"?
4. Does a mandated plan of services which is not applied equally to minor fathers of children violate the equal protection clause?
5. Will the state's interest in preventing a fiscal burden be acceptable as a rationale for an intrusive preventive plan?

Conclusion

A fundamental question is being raised, once again, in family policy, this time with the family formation of minor mothers: are prevention strategies an assault on the privacy of the family? In the name of prevention, can the state mandate a case management plan for every minor mother and thereby convert an entire class of so-called high risk teen mothers into clients that must accept services which they have not asked for?

This legislation, "Social Services to Minor Mothers and Their Children," presents us with the classic dilemma in prevention strategies: How far can family policy and practice go in defining intervention to avert "potential" harm to children? Can minor parents enjoy the same protection accorded the adult family in its constitutional right to be left alone? As always, in the long history of the state's power to protect the best interests of the child, the motives are beneficient: to assist, to ensure support and resources, to alleviate family stress, to prevent out-of-home placement, and where necessary, to provide substitute care in order to ensure the health and safety of the child. Additionally, in the case of out-of-wedlock births to minor parents, there is an urgent state's interest in preventing the enormous costs to the public treasury that result from a cascade of events that follows a premature family formation, with its well documented propensity for long-term welfare recipiency. On the other hand, does government have the right to lay its heavy, intrusive hand on a category of mothers with no prior findings of harm to the child? Does age (the minor status of the mother) and marital status (out-of-wedlock birth) create a presumption of lack of parenting ability? Of potential harm?

Are there research finding that support the need for special paternalistic protection of the state for these family units? Or have we developed an overly traumatic view of adolescent parenthood?

The dilemmas for social work in operating in an environment of coerced contacts is especially troubling.

There is an emerging law on adolescents, but the outlines, at present,. are murky and inconsistent.

This legislation presents us with the complexity of "prevention" plans in an arena of contending interests. A preventive strategy for containing the environment of risk for children bearing children seems irresistible and does not easily admit of caution in the state's right to intervene. It can be asserted that the infant of the adolescent mother, above all, is owed an optimistic chance to survive, grow, and develop, and this opportunity surpasses the rights of autonomy and privacy of the teenage mother. The issues for policy, practice, and the judiciary require careful study. Tracking the distance between a good intention and the tangible and intangible consequences for young families is the subject to be pursued.

FOOTNOTES

1. See, for example, Moore, Kristin A. and Richard F. Wertheimer, "Teenage Childbearing and Welfare: Prevention and Ameliorative Strategies," Family Planning Perspectives, 16:6 (November/December, 1984), 285-289; Zelnick, Melvin, Johnn F. Kantner and Kathleen Ford, Sex and Pregnancy in Adolescence, Sage Publications, Inc., Beverly Hills, 1981; Bane, Mary Jo and David T. Ellwood, "The Dynamics of Dependence: The Roles to Self-Sufficiency," Report prepared for Assistant Secretary for Planning and Evaluation, United States Department of Health and Human Services, June, 1983; Senderowitz, Judith and John M. Paxman, "Adolescent Fertility: Worldwide Concerns," Population Bulletin, Vol. 40, No. 2, April 1985, a publication of the Population Reference Bureau, Inc., 2213 M Street, Washington, D.C.; Hayes, Cheryl D.(ed.), Risking the Future: Adolescent Sexuality, Pregnancy and Child Bearing, Vol. I & II, National Academy Press, Washington, D.C., 1987.

2. See particularly, Hayes, Cheryl D., Risking the Future, supra.

3. F.N. Current Population Reports, Table 18, "Money, Income and Poverty," series P-60, No. 149, March, 1985.

4. Wilbur Weder, Family Assistance Office, Washington, D.C., personal communication, quoting from the unpublished Quality Control Review Data Report, fiscal year, 1986.

5. Minnesota Statutes 1987, Section 257.33.

6. For a discussion of prevention concepts, see H. John Staulcup, "Primary Prevention," Chapter 49 in Handbook of Clinical Social Work, Aaron Rosenblatt, Diana Waldfogel, general editors, Jossey-Bass Publishers, San Francisco, CA 1983, pp. 1059-1076.

7. Hayes, Cheryl, Risking the Future, supra.

8. For a full discussion of this prevention model, see R. A. Porter, Conceptual Parameters of Primary Prevention," paper presented at the CSWE Conference on Primary Prevention in Social Work Education, Louisville, October 22, 1980; and Martin Bloom, "Prevention," in the Encyclopedia of Social Work, 18th Edition, Vol. 2, J-Y, National Association of Social Workers, Silver Spring, MD, 1987, pp. 303-314.

9. P. 7, Carey v. Population Services International, 431, U.S. 678 (1977).

10. See among others, Meyer v. Nebraska, 262, U.S. 390, 398, 1923; Stanley v. Illinois, 405 U.S. 653, 1213.

11. In Re Gault, 387, U.S. 1, 1967.

12. Bellotti v. Baird, ___U.S. ___, 99 S.Ct. 3035 (1979).

13. Stanley v. Illinois 405 U.S. at 652; and Eisenstadt v. Baird 405 U.S. 477.

14. Stanley v. Illinois, supra.

15. For an historical and policy review, see Winifred Bell, Aid to Dependent Children, New York: Columbia University Press, 1965 and George Hoshino, Encyclopedia of Social Work, 1977.

16. Goldberg v. Kelly, 397 & S. 254 (1970) held that a recipient of AFDC had a right to a hearing before termination of assistance.

17. Administrative rule DHS, Statute 160.

18. Ron Rooney, "Working with Involuntary Clients," Columbia University Press, forthcoming.

19. For a discussion of adolescent developmental tasks and their impact on their children, see Musick, J., Stott, F., Spencer, K., Goldman, J. & Cohler, B. Maternal factors related to vulnerability and resiliency in young children at risk. In E.J. Anthony & B. Cohler (Eds.) The Invulnerable Child, New York: Guilford, 1987.

20. Sanchez v. Texas Department of Human Services 581 s.w. 2d260 (1979).